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TRANSMITTAL FORM

 Application Number
 10/071,117

 Filing Date
 February 7, 2002

 First Named Inventor
 Steven P. Nowak

 Art Unit
 2685

 Examiner Name
 Quochien B. Vuong

 Attorney Docket Number
 022395-440810US

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)							
Fee Transmittal Fon Fee Attache Amendment/Reply After Final Affidavits/de Extension of Time R	eclaration(s)	Drawing(s) Licensing-related Pape Petition Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Corresponded Terminal Disclaimer	rs	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):			
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Certified Copy of Pri Document(s) Reply to Missing Par Application Reply to Mis under 37 CF	rts/ Incomplete	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.					
	SIGNATUR	RE OF APPLICANT A	TTORNEY	OR AGENT			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Crew LLP Signature							
Printed name	years.						
Printed name Melvin D. Chan							
Date	2/7/05		Reg. No.	39,626			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
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Typed or printed name Kristina Alvarez Date 2/7/05							

Effective on 12/08/2004. Complete if Known Fees persuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/071,117 Application Number TRANSMITTAL February 7, 2002 Filing Date For FY 2005 Steven P. Nowak First Named Inventor Examiner Name Quochien B. Vuong Applicant claims small entity status. See 37 CFR 1.27 2685 Art Unit **TOTAL AMOUNT OF PAYMENT** (\$) 50022395-440810US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card | Money Order | None | Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 100 0 0 0 Provisional 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims 42 -20 or HP = Fee Paid (\$) \$50 \$50 Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) -3 or HP = 0 \$200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) **Total Sheets Extra Sheets** Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other:

SUBMITTED BY		
Signature O COO	Registration No. (Attorney/Agent) 39,626	Telephone 650-326-2400
Name (Print/Type) Melyin D. Chan	•	Date 2/7/05